

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.		FILING DATE	
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	3		1			
6	3		1			
7	3		1			
8	3		1			
9	3		1			
10	2		1			
11	1		1			
12	0		1			
13	1		1			
14	1		1			
15	1		1			
16	3		1			
17	1		1			
18	2		1			
19	2		1			
20	2		1			
21	2		1			
22	2		1			
23	2		1			
24	2		1			
25	2		1			
26	2		1			
27	1		1			
28	3		1			
29	3		1			
30	1	X	1	X	1	X
31	0		1			
32	1		1			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	3		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

78	17	17	17
TOTAL IND.	17	17	17
TOTAL DEP.	18	18	18
TOTAL CLAIMS	142	142	142

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS